BEST AVAILABLE COPY

Application or Docket Number

Effective October 1, 2000												030/12	M/708		
CLAIMS AS FILED - PART I (Column 1) (Column 2							_	SMALL TYPE	. EN		OR	OTHER THAN			
TOTAL CLAIMS			16				ſ	RATE	E	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			/6 minus 20=		• 18			X\$ 9=			OR	X\$18=			
INDEPENDENT CLAIMS			/ minus 3 =		. 8			X40=			OR	X80=			
MUI	LTIPLE DEPEN	RESENT					+135=			OR	+270=				
* If the difference in column 1 is less than zero, enter '					r "0" in co	olumn 2	l	TOTA			OR	TOTAL	710		
CLAIMS AS AMENDED - PART II									•			OTHER			
_						ımn 2) (Column 3)			LLE		OR	SMALL	,		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
MON	Total	*	Minus	**		=		X\$ 9= X40=		,	OR	X\$18=			
AMENDMENT	Independent	+	Minus	***	T 01 411.	=					OR	X80=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+135	;=		OR	+270=			
								TO ADDIT. F	TAL			TOTAL ADDIT. FEE			
		(Column 1)			ımn 2)	(Column 3)		AUUH.	. .						
ENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Į Į Į	Total		Minus	**		=]	X\$ 9)=	-	OR	X\$18=			
AMEN	Independent	*	Minus	***		=	4	X40	=		OR	X80=			
الم	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	5=		OR				
	٠.						,	TO	TAL	 	OR	TOTAL	 		
		(Column 1)		(Coli	umn 2)	(Column 3)		ADDIT. F	rtE		•	ADDIT. FEE			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER /IOUSLY D FOR	PRESENT		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=]	X\$ 9	}=		OR	X\$18=	Ĩ,		
	Independent	•	Minus	•••		=	1	X40	<u> </u>		OR	X80=			
	FIRST PRESI	ENTATION OF M	NULTIPLE DE	PENDE	NT CLAIM		L	+135	<u> </u>	 	OR	+270=			
	If the entry in colu	ımn 1 is less than	the entry in colu	umn 2, wr	ite "0" in co	olumn 3.	. "	TO	TAL	<u> </u>	OR	TOTAL			
	If the "Highest No	umber Previously I	Paid For" IN TH	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											